

TOWN OF LONG VIEW

2404 FIRST AVENUE, SOUTH WEST
LONG VIEW, NORTH CAROLINA 28602
(828) 322-3921



Zoning Permit for Service Change

Permit number:
* Contractor:
* Contractor address:
* Person Signing App.-Name & Phone
* Contractor Phone :
Long View Privilege License Number:
Person Requesting Work (if not Owner)
Property Owner:
Owner Address :
* Site address:
Zoning
Parcel Identification Number: Catawba /Burke
Use of Property:
Project Description: (type service change)
I, the undersigned, understand as applicant that this permit fulfills none of the requirements of a Zoning Permit for Occupancy or Occupancy under the Town Code of Long View.
Remarks: (please fill in all information where the star (*)is located)

Applicant Signature

Date

Authorized Town Employee

Date